

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039504

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1469

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10397

20397

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED NOV 15 1963
1. PLACE OF DEATH
a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Springfield

Length of stay in 1b
years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Johns Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene

c. CITY OR TOWN Springfield

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
501 S. Main

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Carl Edward Baldwin

4. DATE OF DEATH
Month Day Year
October 26 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5/21/1909

9. AGE (last birthday)
54
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
5 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Factory worker

10b. KIND OF BUSINESS OR INDUSTRY
Springday Plant

11. BIRTHPLACE (City and state or country)
Forsyth, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Elza Lee Baldwin

13b. MOTHER'S MAIDEN NAME

Dorinda Moore

14. NAME OF HUSBAND OR WIFE

Mary Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT
Address
May Baldwin, 501 S. Main, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Sarcoma of urinary bladder

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-29-63 to 10-26-63 and last saw him alive on 10-26-63
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry L. Ellis M.D.
(Degree or title)

22b. ADDRESS
115 Professional Bldg.

22c. DATE SIGNED
11/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
10/29/63

23c. NAME OF CEMETERY OR CREMATORY
Snapp Cemetery

23d. LOCATION (City, town, or county) (State)
Forsyth, Missouri

24. FUNERAL DIRECTOR
Walter Cobb, Branson, Missouri

25. DATE RECD. BY LOCAL REG.
11-14-63

26. REGISTRAR'S SIGNATURE
Bernie Madley

NOV 19 1963

NOV 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eric M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.